



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E445866**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-1858</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION	
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DATE OF COLLISION	<b>07</b>	<b>24</b>	<b>2015</b>	TIME (2400)	<b>1210</b>	COUNTY #	<b>31</b>	MILES	<b>N</b>	<b>E</b>	IN	<input checked="" type="checkbox"/>	CITY #	<b>0664</b>
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	
SR <b>9</b>	BLOCK NO. <input checked="" type="checkbox"/>	MILE POST <input type="checkbox"/>	<b>700</b>

DISTANCE		MILES	<b>N</b>	<b>E</b>	OF (REFERENCE OR CROSS STREET)	<b>SR 204</b>
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	<b>D: 4252993813</b>
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LAST NAME	<b>HALVERSON</b>	FIRST NAME	<b>CHRISTINE</b>	MIDDLE INITIAL	<b>M</b>
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STREET NEW ADDRESS	<b>2707 131ST DR NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982588605</b>
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	<b>HALVECM037CF</b>	STATE	<b>WA</b>	SEX	<b>F</b>	D.O.B. MMDDYYYY	<b>02</b>	<b>06</b>	<b>1997</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>AUT8135</b>	STATE	<b>WA</b>	VIN#	<b>JNKNG01D4TM403851</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>1996</b>	MAKE	<b>INFI</b>	MODEL	<b>Q45</b>	STYLE	<b>4D</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **CHRISTINE HALVERSON 2707 131ST DR NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>			



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	<b>D: 3604808764</b>
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LAST NAME	<b>ASKEVOLD</b>	FIRST NAME	<b>DAVID</b>	MIDDLE INITIAL	<b>W</b>
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STREET NEW ADDRESS	<b>7528 34TH PL NE</b>
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CITY	<b>MARYSVILLE</b>	ST	<b>WA</b>	ZIP	<b>982707031</b>
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GDL		RESTRICTIONS		ENDORSEMENTS	<b>L</b>
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DRIVER'S LICENSE #	<b>ASKEVDW29107</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>09</b>	<b>27</b>	<b>1971</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>2</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>087YXQ</b>	STATE	<b>WA</b>	VIN#	<b>1FMDU74E62ZB89980</b>
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	<b>2002</b>	MAKE	<b>FORD</b>	MODEL	<b>EXPLR</b>	STYLE	<b>UT</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **DAVID ASKEVOLD 7528 34TH PL NE MARYSVILLE WA 98270 D: 3604808764**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	CITATION #	CHARGE
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>AMERIPRISE BX06414290</b>		



OFFICER'S NAME (PRINT)	<b>J. KILROY #0132</b>	BADGE OR ID #	<b>#0132</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E445866**

CASE # **15-1858**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NAME  
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.  
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT  
POS.

AIRBAG

RESTR.

EJECT

HELMET  
USE

INJURY  
CLASS

NATURE OF INJURIES

NARRATIVE

Unit 1 was making a left turn at the intersection of SR 204 and SR 9 from the outside lane. Unit 2 was making a left turn at the intersection of SR 204 and SR 9 from the inside lane. Driver of unit 1 said her back tires lost traction as she was making the turn and she slid into unit 2.

There were no injuries reported and both units were driven from the scene.

Unit 1 was at fault due to exceeding the reasonable safe.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

J. KILROY #0132

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-25-15 10:34 AM

DATED

PLACE SIGNED

APPROVED BY

KERRY BERNHARD 120

DATE

7/25/2015 4:26:55 PM

BADGE OR ID #

#0132

ORI #

WA0311900

TIME POLICE DISPATCHED

12:11 PM

TIME POLICE ARRIVED

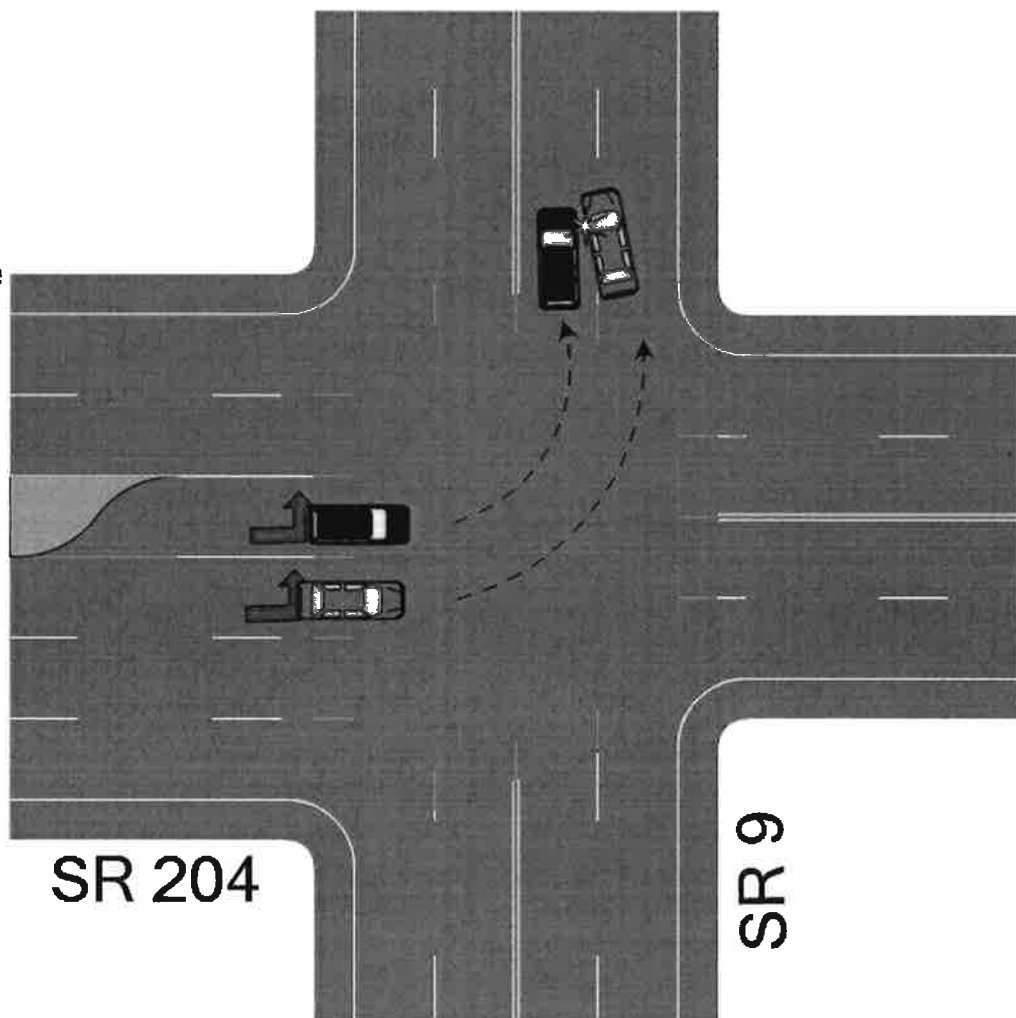
12:15 PM

PART B 3000-345-160 R (7/06)

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Not To Scale



# VICTIM/WITNESS STATEMENT

CASE NUMBER 15-1858



## VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Christine Halverson	RACE White	ETH	SEX F	DOB 2-6-97	AGE 18	HAIR Brown	EYES Blue
STREET ADDRESS 2707 131st Dr NE.		CITY Lake Stevens		STATE WA		ZIP 98251		RES. STATUS
HOME PHONE 425-294-3813		CELL PHONE 425-294-3813		PLACE OF EMPLOYMENT Pandora's adultcaborat				
WORK PHONE		EMAIL ADDRESS Chrissyhalv97@hotmail.com						

I, Christine Halverson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was turning North on highway 9 on the outside lane when my back tires started to slide and I slid into the middle lane right into the other guy. I immediately pulled over and ask if he was alright and told him I'd pay for his damages.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Christine Halverson</u>	DATE SIGNED 7-29-15	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER: <u>KILROY/132</u>	DATE SIGNED 7/24/15	LOCATION SIGNED LKS

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# VICTIM/WITNESS STATEMENT

CASE NUMBER

15-1858



## VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Askevold, David W.	RACE	ETH	SEX M	DOB 9/27/71	AGE 43	HGT	WGT	HAIR	EYES
STREET ADDRESS 7528 34th PINE		CITY Marysville		STATE WA		ZIP 98270		RES. STATUS		
HOME PHONE 360-480-8764		CELL PHONE —		PLACE OF EMPLOYMENT Zodiac Aerospace						
WORK PHONE 360-530-1556		EMAIL ADDRESS dave.askevold@zodiacaerospace.com								

I, David Askevold, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was driving in the inside (Left) lane from Hwy 204 turning North on Hwy 9 when I was hit by a vehicle that entered my lane from the right lane. Damage occurred on the front right of my vehicle.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>David Askevold</u>	DATE SIGNED 7/24/2015	LOCATION SIGNED Accident Scene
OFFICER/NUMBER: SKILBOY / 132	DATE SIGNED 7/24/15	LOCATION SIGNED LKS

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PAGE 1 OF 1

Entered	07/24/15	12:10:32	BY SPCT07	SP0257
Dispatched	07/24/15	12:11:55	BY SPDF17	SP0174
Enroute	07/24/15	12:11:55		
Onscene	07/24/15	12:15:43		
Closed	07/24/15	12:33:00		

Loc: SR 204/SR 9 NE, LKS (V)

Phone: 3604808764

/1210	(SP0257)	ENTRY		, CC, NON INJ, NON BLOCKING, GRN INFINITY Q45 VS
				BLUE FORD EXPLORER
/1211	(SP0174)	AGCADV		, BCST
/1211		DISPER	19D3	#SS132 KILROY, OFFICER (JOSH)
/1215		ONSCNE	19D3	
/1217	(*****)	REMINQ	19D3	AUT8135
/1217	(SP0174)	REMINQ	19D3	LIC, 19D3, AUT8135, , ,
/1217	(*****)	REMINQ	19D3	087YXQ
/1217	(SP0174)	REMINQ	19D3	LIC, 19D3, 087YXQ, , ,
/1221		ASNCAS	19D3	\$SS15001858
/1222	(SS132 )	REMINQ	19D3	MDTWANT, , , , , , WA, HALVECM037CF, , , , , , , , , ,
/1233	(SP0174)	CLEAR	19D3	D/H
/1233		CLOSE	19D3	